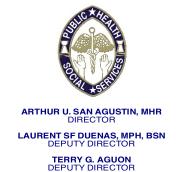
GOVERNMENT OF GUAM



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



JOSHUA F. TENORIO LT. GOVERNOR, SIGUNDO MAGA'LÅHI

APPLICATION FOR REQUEST OF EXEMPTION FROM COVID-19 IMMUNIZATION BASED ON BONA FIDE RELIGIOUS BELIEFS

I. AFFIRMATION

I understand that by not taking the COVID-19 immunization, I am susceptible to the COVID-19 disease.

I understand, if at any time there is a direct threat to the health and/or safety of others or of myself, I will be excluded from covered establishments, activities, and organized sports until the threat is over or until I receive the COVID-19 vaccine.

I understand that, if granted approval, this exemption is only valid for one year from the date signed by the Director of Department of Public Health and Social Services and must be renewed annually.

Nevertheless, I request an exemption from the COVID-19 immunization requirements because immunization is contrary to my bona fide religious beliefs.

I am a member of	
	Church or Religious Group
Name of Individual	DOB
School/Place of Employme	ent
Print Name	Individual/Parent or Legal Guardian
Signature	Individual/Parent or Legal Guardian
Date	

Name	of Individual	DOB
II.	JUSTIFICATION	
posed to peo individ hospita	by the COVID-19 disease. This disease has ple who have contracted it. Vaccinations duals from contracting COVID-19, suffer	sland of Guam on March 14, 2020 due to dangers caused much suffering, hospitalizations and death have proven to be highly effective in preventing ing from severe symptoms, as well as reducing the measures hold that such protection occurs best vaccination.
agains		nts indicating that COVID-19 vaccination is ious beliefs or practices. If no documentation is below.
	DO NOT MARK BELOW THIS	LINE (FOR OFFICE USE ONLY)
;	Submission of Documents: YES	NO
IV.	ACTION TAKEN	
	/ / APPROVED	
	/ / DISAPPROVED	
	ARTHUR U. SAN AGUSTIN, MHR Director	Date
	Department of Public Health and Social Socia	ervices

Document No._____

Sept. 2021